Medical industry discussed

By Stephen Blatt

Large government expenditures and an emphasis on developing technology led to what is now referred to as the "medical industrial complex." Howard W. Washington University's Jerome R. Cox, Jr., '47, and Wednesday that the same thing has not happened to the medical industry.

"The United States does not have a medical-industrial complex," said Cox, who is director of the Biomedical Computer Laboratory at the St. Louis school.

Cox, noting that the medical and military professions have the same goal, "to stamp out death by natural causes," listed several reasons for the absence of a medical-industrial complex paralleling the military-industrial complex. These included the decentralization of the federal government and mutual suspicion between industry and medi- cal institutions or problem with a medical-industrial complex.

The individualized nature of medicine has also hindered the development of such a complex, according to Cox. He explained that while military decisions are "made in the halls of Congress," medical decisions are generally made on a much smaller scale, by physicians and patients all over the country, and independently of one another.

Cox suggests that these obstacles could be overcome by a medical-industrial complex worth its salt and a few conditions.

Cox received his BS, MS, and ScD from MIT in electrical engineering, and soon combined medicine and EE. In 1964, he was appointed Director of the newly formed Biomedical Computer Laboratory at Washington University. His current work is the design and applications of small computer systems for use in clinical medicine.

"Twenty years ago, it was a rare and foreign experience for an engineer like myself to be involved in medicine," Cox said. "But the present size of the medical-industrial complex makes one wonder what would have happened if physics and engineering had been turned with equal vigor to medical problems over the past thirty years."

"A gap exists between expectations and performance in biomedical engineering," according to Cox. "Technology has not only satiated either of two major goals: to cut deaths and to cut costs. For example, Cox's project has been computer analysis of electrocardiograms (ECGs) to find ventricular fibrillations and other problems requiring quick attention. Trained nurses and doctors can easily detect these problems, with however the hazard of boredom and sloppy per- formances attendant upon watching an oscilloscope for long periods of time. Computer analysis, however, is less than 40% accurate. Monitoring of ECGs by first computers and then cardiologists have doubted the accuracy of ECGs the social engineer can read, without a mes- surable difference in mortality, but with an increase in cost.

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